



Mt. Calvary-Grace Lutheran School

1614 Park Avenue • La Crosse, WI 54601-5796

Phone: 608-784-8223 • Fax: 608-784-7305

www.mcglutheran.org



Enrollment Application

1 CHILD'S INFORMATION

Full Legal Name _____ Phone _____

First Middle Last

Address _____

Street City State Zip

Date of Birth _____ Place of Birth _____

2 PREVIOUS SCHOOL ATTENDED

School Name _____

School Address _____

Street City State Zip

Last Grade Completed _____ Grade Entering (as of Sep. 1) _____

3 RELIGIOUS INFORMATION

Baptized: ___ Yes ___ No (If "No", do you plan to have the child baptized?) _____

Denomination _____ Pastor _____

Church _____ City & State _____

4 PARENT INFORMATION - FATHER

Father or Guardian _____ Address _____

Place of Birth _____ Telephone _____

Occupation _____ Employer _____

Marital Status (Check all that apply) Married Separated Divorced
 Widowed Remarried Single Other _____

Church Affiliation _____

If not a member of Mt. Calvary or Grace Lutheran Churches, do you plan to join either church? _____ Yes

If no, please explain _____

(over)

